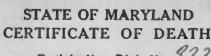
V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS

WRITE PLAINLY, WITH

957 1 PLACE OF DEATH County Wearnier



Registration Dist. No.

.....Ward) St.;

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME I WELL M HAKIN	3
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (IV rite the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	150 20 19 0 to Sec. 7 191 V.
WEC 15 ,1907	that I last saw h Maliye on In) 191 V
(Month) (Day (Year)	70
6 9 3 Adu . 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Premonic
(a) Trade, profession, or particular kind of work	Boncho
(b) General nature of Industry.	0117
business, or establishment in which employed (or employer)	(Duration) yrs mos 5 ds.
9 BIRTHPLACE 2.4	Contributory Cu access
(State or country)	(Duration) vrs / mos v ds
10 NAME OF LAWY M Address	(Signed) M.D.
O 11 BIRTHPLACE	Tan), 191 × (Address) Seecuby huy
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Table Table OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent
2 12 MAIDEN NAME OF OCHOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
John Control	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Largery & Alkins	If not at place of death?
(1110118411)	osual residence
(Address) Salisbury Mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 /h - CR . 1004	20 UNDERTAKER ADDRESS
Files 4 191 A Province	Halloway 14 60 lalil
- / /	crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the especially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engincer, The (4)

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mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," uant ncoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligmus," "Old 'Age," "Shock," "Uracmia," "Weakness," geuital," "Senile," etc.), mere symptoms or terminal conditions, such as "Asvalvulur heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sareoma, etc., of..... The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; miscarriage as "Puerperal septichae-(Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Never report For vio Ex-



UNFADING INK-THIS WRITE PLAINLY, WITH V. S.

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Cot	PLACE OF DEATH 1 PLACE OF DEATH 258 258 258 258 258 268 268 268	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3 3 [If death occurred in a hospital ur institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	Lale Rolored Single, Married Wilowed, Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 D/	TE OF BIRTH	May 6 HEREBY CERTIFY, That I attended deceased from
	Month) (Day (Year)	that I last saw h MA alive on Jan 22 1914
TAC	THE ELOW THAT	and that death occurred on the date stated above, atm,
(a) par (b) busi which	Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in chemployed (or employer) RTHPLACE (State or country) TO NAME OF FATHER Senry Black 11 BIRTHPLACE (State or country) Maryland 12 MAIDEN NAME OF MOTHER	(Duration)
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Mary Land HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death Trs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
(Informant) Ethel B. Anthony (Address 2239 Mifflin St Phila. Pa	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	18 1914 Andrey Gres REGISTRAR	Fruitand Churchyard Jane 26th , 1914. 20 UNDERTANER LEO, L. Hell Lalerbury
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medlcal Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperar septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME Instead ot street and nomber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191 4. to (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... t day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs._ Where was disease contracted. 14 THE ABOVE IS TRUE BEST OF MY KNOWLEDGE If not at place of death?... Former or (Informant) 4 usual residence. PEACE OF BURJAL OR REMOVAL (Address) ... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1011 BURDAWAYS

BINDING 00

PHYSICIANS should of OCCUPATION IS classified. proper certificate. 0 Instructions plai DEAT ō OF Important. Every It

RECORD PERMANENT UNFADING

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County // Conn Registration Dist, No. 3 Ilf death occurred in St.;....Ward) a hospital or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day,hrs. The CAUSE OF OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory Miles 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State yrs. _ Where was disease contracted. If not at place of death?. Former or usual residence. 16 20 UNDERTAKER ADDRESS

REGISTRAR

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RECORD PERMANENT 5 UNFADING of Item

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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33 Co. lif death occurred in .Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death?... Former or osual residence 16 ADDRESS Filed Low 27 1914 REGISTRAR

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PERMANENT INK UNFADING

OCCUPATION PHYSICIANS 10 proper supplied. certificate. that 0 back pinoy instructions plai I DEAT 9 OF Important. Every 0

Peninsula General Hospital STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in a hospital or Institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, Marren (Month) (Day (Write the word) CERTIFY, That I attended deceased DATE OF BIRTH that I last saw h ____alive on (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -9 BIRTHPLACE (State or country) Contributory Ja Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country mos. L State Where was disease contracted. It not at place of death? Former or (Informant). usual residenca DATE OF BURIAL (Address) 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who receive a definite saiary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement stated EXACTLY: AGE should be carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. Every item of Information should be CAUSE OF DEATH in plain terms, s important. N. B.-

1 PLACE OF DEATH County Virenies 60

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

flt death occurred in a hospital or institution, give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
381	Male While (Write the word)	16 DATE OF DEATH 2 , 1913 (Month) (Day (Year)	
6 DATE OF BIRTH		HEREBY CERTIFY, That I attended deceased from	
		NZ 13 1912 to Jan 7 1914,	
	(Month) (Day (Year)	that I last saw h un alive on fau 1 ,191	
7 A	GE 1t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at	
(a)	CCUPATION) Trade, protession, or clicular kind of work	Chronie Interstitut rephrites	
bus	Obeneral nature of Industry, claess, or establishment in ich employed (or employer)	(Duratieo) 2 yrs. mos. ds.	
9 B	(State or country) Macanico Co	Contributory Secondary (Duration) vrs mos de	
	10 NAME OF FATHER ASMIN Dans	(Signed) yrs mos ds.	
ENTS	OF FATHER (State or country) Michines 60	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
PAREN	of Mother Lane Aren	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs	
(Intermant) (Intermant)		Where was disease contracted, If not at place of death?	
		Former or " usual residence	
(Address) Alaboury md		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Fil	ed/2 1914 D4 Grand	20 UNDERTAKER ADDRESS	
	REGISTRAR	Sterry to Hell Salikers made	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by earbolic acid-probably suicide. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion, The nature of the State cause for



S. No. 1.

PHYSICIANS should state of OCCUPATION Is very stated EXACTLY. of information should be DEATH in plain CAUSE OF Important. N. B.

RECORD PERMANENT UNFADING INK-THIS IS See Instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH Village or City Pear Fruitland (No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

S	+ .	N	ard'	

It death occurred in

a hospital or Institution, give its NAME instead of street and number.]				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
35	Lale 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF GEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deseased from		
6 D	ATE OF BIRTH AM (Month) (Day (Year) GE If LESS than	that I last saw hand alive on 1914, and that death occurred on the date stated above, at 8, 200 m.		
	0 yrs 0 mos 20 (7) ds. or min.?	The CAUSE OF DEATH* was as follows:		
(a pa (b) bus	OCCUPATION 1) Trade, protession, or articular kind of work. O General nature of Industry, siness, or establishment in lich employed (or employer)	orden dose of Junch Opin your by mostlers (Duration) yrs. mos. of.		
	(State or country) Wecomico Co. Md.	Gontributory Secondary		
ARENTS	11 BIRTHPLACE OF FATHER (State or country) W.com. Co. Md. 12 MAIDEN NAME OF MOTHER ()	(Signed) . S. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
Q.	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds		
	(Informant) W. H. C. LLOST	Where was disease contracted, It not at place of death? Former or usual residence		
16 FII	(Address) Dalis busy R. F. D. J. 100 Jan. 27" 191 4 J. Bodney Jones REGISTRAR	Silvam Caurchyand Jam, 9 yh, 1914. 20 UNDERTAKER ADORESS Geo: C. Kull Salisbury		
If more blanks are needed, address State Registrar, 6 D. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is Indefinite): Tubcrculcsis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Auaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report Ex-



FOR BINDING RESERVED MARGIN

V. S. No. 1.

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RECORD PERMANENT stated EXACTLY. 4 should be UNFADING INK-THIS IS AGE carefully supplied. that it may WRITE PLAINLY, WITH of information should be CAUSE OF Important. S

PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very · DEATH in plain terms, so that it m See instructions on back of certificate.

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0000	PLACE OF DEATH	STATE OF MARYLAND	
	Migraija	CERTIFICATE O	F DEATH
Gou	inty. Officeromes	Registration Dis	t. No. 337
Vill	age or Gity Nanticohe (No. 2)	St.;Ward)	[If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	Exicle Calon of RAGE Single, Markied, Misowed, Ordivorced (Write the word)	16 DATE OF DEATH (Month)	7, 1914 (Day (Year)
B DA	THE OF BIRTH Hovember 17 1953.	17 I HEREBY CERTIFY, That I	6 th 1914.
TAC	(Month) (Day (Year) It LESS than t day,hrs.	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at G m
(a) par (b) busi	CCUPATION Trade, profession, or Citicular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)	
9 BI	RTHPLACE (State or country) Muryleun	Gontributory Secondary (Quration)	yrs mos A ds
PARENTS	10 NAME OF AME CONVAY 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)	, in deaths from Violent and (2) whether Accident
	OF MOTHER (State or eountry) Mer Meur (State or eountry) Mer Meur (Informant) (Informant) (Informant) (Informant)	of death yrs, mos, ds. State Where was disease contracted, If not at place of death? Former or usual residence	yrs, ds
16	(Address) Carteestyl	19 PLACE OF BURIAL OR REMOVAL	Jan 9 101/4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninger, peritonaeum, etc., Carcin-

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UNFADING

RECORD

OCCUPATION classified supplied certificate. back Instructions 0 DEAT 0 OF mportan CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. are Metters Ilt death occurred lo St :----Ward) a hospital or institution, give IIs NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from , 1914, to Jan DATE OF BIRTH that I last saw her (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH * OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HIGMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State yrs.__ Where was disease contracted. It not at place of death? Former or usual residence 15 20 UNDER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

202

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. It death occurred in -Ward) a hospital or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) Seneral nature of industry, business, or establishment in which employed (or employer) Con-Abutory.... State or country (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. (State or country) State Where was disease contracted It not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewift, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill: (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 337 If death occurred in ---Ward) a hospital or Institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) . 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS OF MY KNOWLEDGE if not at place of death?... Former or usual residence. 15 UNDERTAKEN REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Licomica Registration Dist. No... Ilf death occurred in a hospital or institution, give its NAME Instead of street and number. l PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH TAGE If LESS than and that death occurred on the date stated above, at f day.....hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry. 00 business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ (State or country) _ ds. State .. ds Where was disease contracted. 14 THE ABOVE IS TRUE TO OF KNOWLEDGE If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

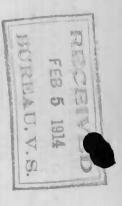
REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-



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PHYSICIANS should of OCCUPATION IS RECORD properly supplied. ö back plain Instructions 드 DEATH ō OF mportant. Every It

3 SEX DATE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred to a hospital or institution.

give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED. (Month) Write the word) (Year) HEREBY CERTIFY, That I attended decessed from (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... ⁹ BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence 15

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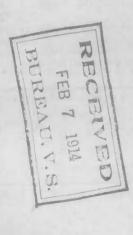
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in (No. St.;....Ward) a hospital or institution, give its NAME instead ot street and number. 1 ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WED, (Month) Write the word Marua I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 19103., to that I last saw h allye on (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... t day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER M. D 0 ., 191 (Address) back 11 BIRTHPLACE ENT OF FATMER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. 14 THE ABOVE IS if not at place of death? Former or (intormant) usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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REGISTRAR If more blanks are needed, address State Registrar, Co. Translin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSINO DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For VIO-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred inWard) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WIDOWEO, Month) (Day OROIVORCEO DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than that death occurred on the date stated 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ... Provide level 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST. 13 BIRTHPLACE At place OF MOTHER (State or country) of death Where was disease contracted, 14 THE ABOVE if not at place of death? Former or usual residence. 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) spinner, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Gotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal, meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"), Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH remmen PHYSICIANS should of OCCUPATION IS Registration Dist. No. a hospital or Institution, give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR 7 properl BOCCUPATION (a) Trade, protession, or particular kind of work. (b) Deneral nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 0 12 MAIDEN NAME Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ā OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ... yrs. mos. ds. State yrs. ____ mos. DEAT Where was disease contracted, See If not at place of death? Former or usual residence ō Important. CAUSE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

Ilt death occurred in

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., prospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid unqualified, is indefinite): Tubercufover (never report "Typhoid Carcin-

> naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetainus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection nccd not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 5 1914
BUREAU, V.S.

MARGIN

RECORD	PHYSICIANS should state of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	N. B.—Every Ite CAUSE Importan

Ounty PLACE OF DEATH 975 County Discourses Village or City Sharptou(No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH DED 24, 1842	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased Iron fine 1 1914, to 102.5. 1914 that I last saw here alive on 102.5.
7 AGE (Month) (Dáy (Yehr) 1 LESS than 1 day,hrs. 1 ormin, ?	and that death occurred on the date stated above, at
(a) Trada, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employar) BIRTHPLACE. (State or country)	(Ouration) yrs mos 3 d Gontributory Bereit (Secondary)
10 NAME OF FATHER Jonathan Daughn, 11 BIRTHPLACE OF FATHER (State or country) Dorchester Co. 22 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MOT	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Dorohestes 60, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Accountry Of authorized	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENT OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. d Where was disease contracted, lf not at place of death? Former or usual residence.
(Address). Dray From 16 Filed	Jalestown DATE OF BURIAL Jalestown Jan 1914 20 UNDERTAKER J. D. SVANELLON H BIS Charletowns

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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Statement of cause of death—Name, first, the Disease Causino nearif (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	12 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jan, 24, 1914, (Year)
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Aug 31 1930 Month) (Day (Year)	that I last saw h 12 alive on 1 an, 23, 1914
7 AG		and that death occurred on the date stated above, at the tom.
	63 yrs 6 mos 24 ds OR min.?	The CAUSE OF DEATH* was as follows:
(2)	Trade, profession, or May Laborer interest of the state o	Cerebral bfofbyf
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 81	RTHPLACE (State or country) Mi	Gontributory
10	10 NAME OF BEACHAMIL Carbons	(Signed) (Si
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Dearn, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	OF MOTHER NELLIE Essenis	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Heaten Jarbons	Where was disease contracted, If not at place of death? Former or usual residence
16	(Address) Salisbury Mel R 49	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DONAL OF BURIAL
Flie	Jan 24 # 1914 N P Jumer	20 UNDERTAKER APONESS
11		trar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated The CAUSE OF DEATH* was as follows: .mos ... OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?.. usual residence OF BURIAL OR REM 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inantion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report Ex-

If this certificate is looked over thoroughly and all questions nnswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 5 1914
BURBAU, V.S.

PHYSICIANS should of OCCUPATION IS PERMANENT classi proper supplied. Pe UNFADING certificate. o back term 00 Instructions 5 DEATH 0 PO mportant. Every It

8

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 337 Ilf death occurred inWard) a hospital or institution. give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED WIDOWED, (Month) (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. ____ mos. yrs. mos. ds. Where was disease contracted. EST OF MY KNOWLEDGE if not at place of death? Former or usual residence. PLACE OF BURIAL PR REMOVAL 16 20 UNDERTAN Fled Lam ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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lesis of lungs, meninges, peritonaeum, etc., Pneumonla"); Lobar pneumonia; Bronchopncumonia term for the same disease. Examples: Cerebrospinal ("Pneumonia," unquallfied, is indefinite): Tubercuprospinal fever (the only definite synonym is "Epidemic ceretime and causatiou), using always the same accepted CAUSING DEATH (the Drimary affection with respect to "Croup";) Statement of cause of death-Name, first, the nisease meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skuil, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is iess defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report Ex-



RECORD PERMANENT UNFADING

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PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St .: Ward) a hospital or lostitution, give its NAME instead ot street and numbor.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. WIOOWED. ORDIVERCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above 1 day hra. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or employer) BIRTHPLACE Contributory (State or country) Secondary (Duraflon) 10 NAME OF FATHER o ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in Meaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country Af place In fhe State yrs. mos. _ mos. ... Where was diseasa contracted. See If nof at place of death? Former or usual residence mportant. E OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER APPRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. eated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborér," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Coutributory." injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State eause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopncumonia (seeoudary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., pr. .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-For VIO



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	980	
	PLACE OF DEATH	STATE OF MARYLAND
	Inter Vicomies	CERTIFICATE OF DEATH
Got	unty // LCOVILLO	1
	10.1	Registration Dist. No. 2
VIII	age or City Salsoury (No. 13 L	St.; Ward) [If death occurred in a hospital or institution,
		give its NAME instead
1	2 FULL NAME John Wesley K.	of street and number.]
_	-FOLL NAME	A A
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, MARVILLE	18 DATE OF DEATH
1	ale Whomen on one word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	July 1st 1845	Dev 28 , 1913, to Jun 8 , 191
	(Month) (Day (Year)	that I last saw h. MM. alive on AMM. 8, 1914
TAG	1. 1200 (1911)	and that death occurred on the date stated above, at
	65 yrs 87 mos ds OR min.?	The CAUSE OF DEATH* was as follows:
8 0	CCUPATION ()	
(a)	Trade, profession, or Who and the second	personal aporplexity
	General nature of Industry,	
bus	iness, or establishment in ch employed (or employer)	(Duration) yrs mos / O ds.
		Contributory advancey arterio & clerge
	RTHPLACE (State or country) Wiscoman for M. of	Secondary
	10 NAME OF D	(Duration) yrs mos ds.
	FATHER Brasal Riggin	(Signed) Who Julhard, M. D.
TS	11 BIRTHPLACE OF FATHER	Jan 1 U , 191 24 (Address) I who tury my
PARENT	(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent
AR	12 MAIDEN NAME 10 1 1 10 11 14	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ω.	1 elle folles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Marshan	Af place In the of death yrs mos ds State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Labor M. Branis Co	If not at place of death?
(Intermant) July 100 J	usual residence.
	(Address) Salisbury Mai	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PON
15	1 INF INDE	Parsons Cem, Salisbury Med Jans, 1/k, 1914
File	ed Jan 1914 N / Jums	20 UNDERTAKER ADDRESS
	REGISTRAR	Leo. E. Hell Salisbury Md
U	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous causing death, state occupation at beginning of filbeen changed or given up on account of the mise ye gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mmc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," engineer, (6)

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> nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meusles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for

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FEB 5 1914
BUREAU, V.S.

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(No. St.; Ward) a hos give	ATH
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Sex Color or race Single, Married, Widowed, Ordivorced (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) (Month) (Day (Year)	, 191 // (Year) I deceased from , 191 //
and that death occurred on the diste stated above, at the CAUSE OF DEATH* was as follows: CAUSE OF DEATH* was as follows: CAUSE OF DEATH*	125 9, m
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary Contributory Secondary	mos ds
10 NAME OF FATHER PASH JOE SNULL (Signed) 11 BIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 Maller NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER O	mos ds , M. D.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENCE) At place of death	ONS, TRANSIENTS
(Informant) usual residence.	F BURIAL 1914 SS bry NG

[Approved by U. S. Census and American Public Health Association.]

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vã.

PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS

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1 PLAGE OF DEATH (Comi County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOCHED, WRITE THE WORD, (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH May 20, 1913	17 I HEREBY CERTIFY, That I attended deceased from 2, 1914, to 1915
AGE (Month) (Day) (Year) If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession, or particular kind of work	Toursound
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory X () wrs. mos Z de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Sugation) yrs mos. 2d (Signed) (Signed) (Address) Tale (Address) (
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
6 Filed Jan 15 1914 MR Convay	20 UNDERTAKER ADDRESS ALLER DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care mine, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scottchaemus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUESPEBAL peritonitis," etc. etc., when a definite discase can be ascertained as the -Kart fallure," "Haemorrhage." "Inanition." "Marasgenital," "Senile." etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de. affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Convuisions," "Dehility" ("Con-"Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for Examples:



S. No.

OCCUPATION IS PHYSICIANS EXACTLY 0 on back should See instructions of Information DEATH Every Item CAUSE OF Important. 80 ż

WITH WRITE

PERMANENT UNFADING

PLACE OF DEATH	STATE OF MARYLAND
County Memulee	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village of Citya Land Salisbury (No. 1)	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
FULL NAME I NO name	(Aylor)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH BLC 3 191 (Month) (Day (Year)	3 that I last saw h alive on 191
7 AGE If LESS that f day,hrs ORmin.?	- I all that dotte obtained on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	

(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE	

(State or country)	Mel.

	FATHER Willian	4 & Taulor
	11 BIRTHPLACE OF FATHER (State or country)	Mel
-	12 MAIDEN NAME OF MOTHER OLIVER	& Tomme

12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)

THE BEST OF MY KNOWLEDGE

(1)	ntormant) Bullion S	a day wor	
ì		ME RATH	5
15			-

REGISTRAR

At place In the of death yrs. mos. State yrs. ____ mos. Where was disease contracted. If not at place of death? .. Former or

*State the DISEASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Duration)

PLACE OF BURIAL OR

TAL, SUICIDAL, OF HOMICIDAL,

Contributory

Secondary

usual residence.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

yrs. mos.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," diqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caumia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cou	1 PLACE OF DEATH 984 nty Wernico ngo or City Salisbury (No, 2 FULL NAME Henry Larrel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.4 St.; Ward) St.; Ward) Today St.; Ward a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	Vale White MARRIEO, Welower of Write the word) TE OF BIRTH Jan 29 th 1830	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Claration for the first saw harms allow on for 2 3 to 191 4.
7 AG	(and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows:
(a) 1 part (b) busin	CUPATION Frade, protession, or icular kind of work. Beneral nature of industry, ess, or establishment in the employed (or employer)	Balvulas Heart Duration flower mos os.
9 Bir	State or country) Salisbury Md.	Gontributory Secondary (Buration) Jyrs Lew hrs.
S	11 BIRTHPLACE OF FATHER (State or country) 11 NAME OF FATHER (State or country)	(Signed) Lis. P. Joseph N. P. Jan 23, 191 4 (Address) Solio bun mil
PARENT	12 MAIDEN NAME OF MOTHER Catherene Stevenson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
	nformant) Salahan My (Address)	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed		Salisbury Md. Blurch Gard Part, 1914. 20 UNDERTAKER GOOD H'S. S. S
	If more blanks are peeded, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted ("Pneumonla," prospinal term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic ceremeningitis"); Diphtheria Typhoid unqualified, is indefinite): Tubereufever (never report "Typhold (avoid use

> cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sareoma, etc., of..... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BURBAU. V.S.

RECORD PERMANENT UNFADING

OCCUPATION Suppli certificate. 0 back Instructions plai DEAT 50 Item OF mportant. ш Every m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 8714 WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) Beneral nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. __ Where was disease contracted. BEST OF MY KNOWL It not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAK ADDRESS If more blanks are needed, andress State Registrar, 6 E. Franklin St., Bairo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

icsis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avold use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym ls Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-Carcin

> thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Causuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Ex-

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RECEIVED
FEB 5 1914
BULLACIV.S.

RECORD PERMANENT properi supplied. UNFADING may terms, hould plain _ DEATH of 9 ш Every m

PHYSICIANS should of OCCUPATION IS certificate. 10 back instructions Important.

state

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWEO. ORDIVORCED (Write the word) (Month) DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS than 1 day,....hrs. OR 7 BOCCUPATION (a) Trada, profession, or particular kind of work... (b) General nature of industry. business, or establishment in .. (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Addrass) OF FATHER (State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted. If not at place of death?... Former or (informant).... usual rasidence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.....Ward)

[If death occurred in a hospital or institution. give its NAME instead

of street and number.] MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at..... The CAUSE OF DEATH* was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ yrs, ____ mos. DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

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FEB 10 1914
BURBAU. V.S.

N. B.

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A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

STATE OF MARYLAND DEATH 335-CERTIFICATE OF

		Registration Dist, No
Villa	age or City Sharptounos	St.; Ward) [If death occurred in a hospital or iostitution,
	*FULL NAME LEVIN J. This	Rock give its NAME instead of sfreet and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Maly Hute Single, Married Wildowson, Warried Wille (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	Month) (Day (Year)	that I lest saw ham allve on fan 1912/
7 AG		and that death occurred on the date stated above, at 3-30 A.m., The CAUSE OF DEATH* was as follows:
(a) I parti (b) (b) to busing which	CUPATION (rade, profession, or cular kind of work	Dissemnated Tuberculosis (Duration) yrs 4 mos ds.
	State or country) Sources & Co	Secondary Secondary Muscles of (Duration) (Signed) (Signed)
IN I	11 BIRTHPLACE OF FATHER (State or country) Somerset Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidentally, or Homicidal.
-	13 BIRTHPLACE OF MOTHER (State or country) Theornile Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds
	nformant) allowers B Hilson	Where was disease contracted, If not at place of death? Former or usual residence
15 Filed	(Address) Marphown, Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. d.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuldutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearif (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or mlscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of



N. B .- Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Magrician 308	CERTIFICATE OF DEATH
County / Cou	Registration Dist. No. 334
Village or City Selfeon (No. 1)	St.; Ward) [If death occurred a hospital or lostituli give its NAME instead of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male State (Write the word)	16 DATE OF DEATH (Month) (Day (Year
Nonth) (Day (Year)	that I last saw hum alive on June 2 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at // a
e OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Paralysis of Heart
business, or establishment in	
which employed (or employer)	
	Contributory
**BIRTHPLACE (State or country) Sussey Oo D	Contributory Secondary (Doration) (Signed) A.C.Comaway
which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State of country) 11 BIRTHPLACE OF FATHER (State of country) Not Aurowa	Contributory Secondary (Doration) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Causing Death, or, in deaths from Violations, state (1) Means of Injury; and (2) whether Accus
which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER STATE OF FATHER (State of country) 11 BIRTHPLACE (State of country) 12 MAIDEN NAME OF OF MOTHER OF MOTH	Contributory Secondary (Boration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Add
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER W 11 BIRTHPLACE OF FATHER (State of country) 12 Maintenance OF FATHER W 12 MONTHER OF MOTHER OF MOTHER	Contributory Secondary (Doration) (Signed)
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Coffather Coffathe	Contributory Secondary (Doration) (Signed)
Which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER CF FATHER State of country) 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Boration) yrs mos. (Signed) (Signed) (Address) Trebrow (Address) Trebrow (Address) State the Disease Causing Death, or, in deaths from Viol. Causes, state (1) Means of Injury; and (2) whether Accir tall, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Translet or Recent Residents) At place of death yrs. mos. ds. State yrs, mos. Where was disease contracted, if not at place of death? Former or



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Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carein-

sucb, if impossible to determine definitely. Examples: which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauftion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origlu; "Can-"Contributory." (Recommendations on statement of sepsis, by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (secondary), 10 ds. (secondary or intercurrent) "Dropsy," "Exhaustiou," Never report

